

FAX MESSAGE

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Dear Elizabeth:

I regret that I am unable to give the draft Position Paper on Biomedical Research the kind of attention it warrants and also regret not being able to get these comments to you earlier. I am involved in a series of all day meetings for four days at the Smithsonian.

Here, nevertheless, are some comments.

In item 5 under challenges, and dispersed throughout, there is an emphasis which I think should be somewhat altered. The argument that support of fundamental research should not be diminished to provide for applied work would be more forceful if more explicit attention were given to additional mechanisms for fostering the applied work. One possibility is to suggest explicitly that applied work is more fruitfully left to private rather than public support because market provides the best incentives and drives what will actually be applied. I myself would, however, want to add that the government can do much to provide incentives for the applied work. If it is preferred by others to argue for government support of applied work (but not at the expense of fundamental work) then mechanisms should be suggested. At this point, however, I do not think that the statement will be readily acceptable if it fails to discuss the issue of applied research, including clinical research. Moreover, the statement is likely to garner wider support within the biomedical community if it recognizes that applied research is an important part of the whole picture. There is no point in causing further fractures between basic and clinical researchers at this point. Perhaps it should also be pointed out that incentives for basic scientists to try to move their findings into applications are also helpful.

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Perhaps what I just tried to say can be summarized by suggesting that the document does not deal directly with some thorny issues. Another such issue is the question of acceptance of new genetic techniques by the public, the whole area that is generally referred to as "ethical" considerations. The discussion of agricultural applications also omits reference to these problems, yet they are real and pesky and will not go away easily. Perhaps this could be dealt with under public education.

Somewhere, in the "Challenges" section, the idea of cost sharing between the government and research institutions should be introduced. This will lay the ground work for the recommendation on indirect costs.

In item 2 under "Challenges" there should be some mention of the fact that enormous sums have indeed been spent for infrastructure, but by special legislative action in response to lobbying by particular institutions. This year the number is, I think, close to \$700 million. This would lay the ground for Recommendation #8.

Item #3 under "The Promis...", about health care costs, does not document its statements. For instance, many people can see in their own bills that there are serious new costs related to new diagnostic procedures. Are there any data that can be referred to that actually show how the high diagnostic costs pay off in lower costs for treatment? Do we really know that the new treatments will be inexpensive, for example, in cancer? New treatments for heart disease are highly effective, but they are also costly. I am not sure that, in spite of the examples given, the case is well made.

I'm not sure this all makes sense, as I've had to write without any time for real reflection, but perhaps there are a few ideas that will strengthen the document.

Sincerely,



Maxine F. Singer

MFS/sb
[Dictated by Dr. Singer; signed
faxed and mailed in her absence]